

**AGENDA**  
Children's Advisory Meeting  
(formerly known as Medicaid and Kids)  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246  
October 9, 2013  
10:00 a.m. to 12:00 p.m.

**Meeting purpose:**

- Share current issues in children's services

**Introductions:**

**Agenda items:**

1. Matt Ullrich, J.D. and Nikki Lemon,  
Colorado Department of Health Care Policy and Financing  
Presentation/Response to question submitted by the committee:
  - a. Assistance in understanding the disparity with children dually diagnosed that behavioral health will provide medications but then deem the child ineligible for other mental health services.
    - What can be done to address this situation?
  - b. What services do mental/behavioral health providers provide in the emergency room? Assessments? Soft Hand Offs? What is the payment structure?
  - c. How is the mental/behavioral health system planning to work with Primary Care Providers (PCP) and Regional Care Collaborative Organizations (RCCO)?
  - d. What is being done to increase network adequacy and capacity in the Metro area and statewide?
  - e. Explain the formal notice process when there is a denial?
  - f. Who trumps in the mental (behavioral) health versus the physical health?
  - g. What diagnosis will mental/behavioral health work with and what services will be provided?
  - h. Related to the Interagency Agreement between Division of Developmental Disability and Behavioral Health Organizations:
  - i. What is the process they are supposed to follow?

- j. How are parents supposed to make providers follow this agreement?
- k. How does one access fee-for-service under EPSDT for mental health services when BHO has been denied for whatever reason?
- l. We understand there are only specific billing codes allowed to be used and only certain people/entities can use those- ie. RCCF?
- m. How do BHOs work with private insurance- how is coordination supposed to occur?
- n. How can we continue with the same provider?
- o. Is the new BHO contract requiring BHOs to increase capacity in line with increasing demand and clients in the Medicaid system?
- p. How is the Ombudsman information being made available to all Medicaid recipients as the BHO system is considered managed care and if someone has questions on their Mental Health benefit access....that should be a resource?

2. Meeting Norms

3. Updates

4. Other

**Meeting dates for 2013: Oct 9<sup>th</sup>, Nov 13<sup>th</sup>, Dec 11<sup>th</sup>**